

ISSUE SLIP STABLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
|                           | MA       |         | 04/30/01 |
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       | JL       |         | 5/17     |
| FORMALITY REVIEW          | JM       | JCB 611 | 6/19/01  |
| RESPONSE FORMALITY REVIEW | OK       | 805     | 9/28/01  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | 3/4/02   |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

RD  
 04/19/01  
 JCB  
 7-29-01  
 10907